

CONSTRUCTION PERMIT APPLICATION

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Notice: Signing this permit application gives authorization to the following Clay County Representatives to enter the property for inspection; Zoning Administrator, Clay County Board of Supervisors, Members of the Planning and Zoning Commission, and members of the Board of Zoning Adjustments.

The above information is, to the best of my knowledge, true and accurate. I understand and agree that the following shall constitute sufficient grounds for revocation of the Permit:

1. Any error, misstatement or misrepresentation of fact, made by me with or without intention on my part, which might, if known by the Zoning Administrator, cause disapproval of the application;
2. Any alteration or change in the plans made by me without the knowledge and approval of the Zoning Administrator, subsequent to the issuance of the Zoning Permit.

Applicant's Signature _____ **Date** _____

INCLUDE A DRAWING ON A SEPARATE SHEET OF PAPER

Show the dimensions and shape of the lot; the size and location of any existing building on the lot; location and size of the new structure to the front, side, and rear of the lot lines; floor plan of the building, elevation of building. This application is not acceptable unless all required information is furnished.

Official Use Only

DATE APPLICATION APPROVED: _____ **SIGNED:** _____

Zoning Administrator

FEE PAID IN THE AMOUNT OF: _____

DATE APPLICATION DISAPPROVED: _____

REASON FOR DISAPPROVAL: _____

DATE APPLICATION APPROVED FROM APPEAL: _____

ZONING ADMINISTRATOR SIGNATURE: _____ **DATE:** _____

(SIGN ON APPROVAL ONLY)